

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3		2					53				
4		2					54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
11	1						61				
12		1					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18		2					68				
19		2					69				
20		2					70				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	33						TOTAL DEP.				
TOTAL CLAIMS	36						TOTAL CLAIMS				